U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



Name Ritchie

1 File Number U 25780

3 Name and address of person filing

M Brooks

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

1 / 1 / 2005 Through 12 / 31 / 2005

4 Name file number and address of labor organization

Name Warehouse Employees Union Local 730

	Labor Organization File Number 009-607
P O Box Bldg Room No If any	P O Box Building and Room Number if any
Street 2001 Rhode Island Avenue NE	Street 2001 Rhode Island Avenue NE
City Washington	City Washington
State District of Columbia ZIP Code + 4 20018	State District of Columbia ZIP Code + 4 20018
5 Position in labor organization Vice President	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	,
PO Box Bidg Room No If any	7
Street	7 b Amount
City	-
State ZIP Code + 4	

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the

On '5/15/2006

Date

202 529 3434

Telephone Number

and belief true/correct and complete (See the section on penalties in the instructions.)

undersigned a knewled

Name of Person Filing Ritchie Brooks	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busine s of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name Warehouse Employees Union LU730 PensionTrust	a Labor Occasionation	
Trade Name if any	a Labor Organization X b Trust	
PO Box Bldg Room No If any Street 911 Ridgebrook Road	c Employer	
City Sparks		
State Maryland ZIP Code + 4 21552		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Warehouse Employees Union LU730 PensionTrust	Pension Trust Fund Seminar	
Trade Name if any	1	
PO Box Bidg Room No If any	1	
Street 911 Ridgebrook Road	11 b Approximate dollar value of such dealing \$0	
City Sparks State Maryland ZIP Code + 4 21552	12 a Nature of interest held or income received Room Rental Car and Meals	
	1	
	12 b Amount \$2 000	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name	,	
Trade Name if any		
PO Box Bldg Room No If any	ì	
Street		
City '	1	
State ZIP Code + 4		

14 b Amount of payment

?

or Consultant

13 b is the Business an Employer